

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 743058

1. Entity Name

TALLAHASSEE PROFESSIONAL PHOTOGRAPHERS GUILD, INC.



FILED

2006 JUL 20 PM 12:48

Principal Place of Business

477 SCOTLAND RD.  
HAVANA FL 32333  
US

Mailing Address

477 SCOTLAND RD.  
HAVANA FL 32333  
US

2. Principal Place of Business

4517 Bowfin Drive

Suite, Apt. #, etc.

3. Mailing Address

4517 Bowfin Dr

Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/06)

City & State

Tallahassee, FL

Zip 32303

Country USA

City & State

Tallahassee, FL 32303

Zip 32303

Country USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUST, ALAN  
477 SCOTLAND RD.  
HAVANA FL 32333

7. Name and Address of New Registered Agent

Name David Eggleston

Street Address (P.O. Box Number is Not Acceptable)

4517 Bowfin Drive

City Tallahassee

FL

Zip Code 32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/20/2006

DATE

FILE NOW: FEE IS \$61.25.  
Due By September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DUST, ALAN ☒ Delete  
STREET ADDRESS 477 SCOTLAND RD.  
CITY-ST-ZIP HAVANA FL 32333

TITLE VT  
NAME STRICKLAND, JOAN ☒ Delete  
STREET ADDRESS 500 MACKAY ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S  
NAME EGGLESTON, MARGARET ☐ Delete  
STREET ADDRESS 4517 BOWFIN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☒ VJ  
NAME JARMON, DARRYL ☐ Delete  
STREET ADDRESS 129 BEAUFORD ROAD  
CITY-ST-ZIP HAVANA FL 32333

TITLE P  
NAME Kevin Lamb ☐ Delete  
STREET ADDRESS 411 S. Hansell Street  
CITY-ST-ZIP Thomasville, GA 31792

TITLE T  
NAME David Eggleston ☐ Delete  
STREET ADDRESS 4517 Bowfin Dr  
CITY-ST-ZIP Tallahassee, FL 32303

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Kevin Lamb  
STREET ADDRESS 411 S. Hansell Street  
CITY-ST-ZIP Thomasville, GA 31792

TITLE T ☒ Change ☐ Addition  
NAME DAVID EGGLESTON  
STREET ADDRESS 4517 Bowfin Drive  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000077964930  
07/26/06--01005--002 \*\*70.00

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* Margaret Eggleston

7/20/2006 (850)570-4795